

# Infection Prevention and Control Assessment Tool for Long-term Care Facilities

Multi Drug-Resistant Organisms Management in Long Term Care Facilities Workshop

Louisiana Office of Public Health  
Healthcare-Associated Infections Program

## Background

- Infection Prevention and Control Assessment and Response activities sparked by Ebola epidemic of 2014-2015 that revealed gaps in infection control across provider types
- Although Ebola was the impetus for this activity, infection prevention readiness will address all existing and emerging infectious diseases
- ICAR are being conducted in acute care, long term care, and dialysis centers to identify gaps in infection control programs
- Benefits of participating include enhancing infection prevention programs for increase coordination across provider types

## Purpose

This tool is intended to assist in the assessment of infection control programs and practices in nursing homes and other long-term care facilities. If feasible, direct observations of infection control practices are encouraged. To facilitate the assessment, health departments are encouraged to share this tool with facilities in advance of their visit.

## Overview

Section 1: Facility Demographics

Section 2: Infection Control Program and Infrastructure

Section 3: Direct Observation of Facility Practices (optional)

Section 4: Infection Control Guidelines and Other Resources

## Infection Control Domains for Gap Assessment

- I. Infection Control Program and Infrastructure
- II. Healthcare Personnel and Resident Safety
- III. Surveillance and Disease Reporting
- IV. Hand Hygiene
- V. Personal Protective Equipment (PPE)
- VI. Respiratory/ Cough Etiquette
- VII. Antibiotic Stewardship
- VIII. Injection safety and Point of Care Testing
- IX. Environmental Cleaning

## Domain 1. Infection Control Program and Infrastructure

- A. Person responsible for coordinating the infection control program
- B. Person responsible for infection prevention has received infection control training from APIC or SHEA
- C. Review process for infection surveillance data that utilizes a quality assurance committee
- D. Facility has written infection control policies that are evidence-based (e.g., CDC/HICPAC)
- E. Written policies and procedures are reviewed at least annually or according to state/federal requirements
- F. Facility has a written emergency preparedness plan (e.g., pandemic flu or natural disaster)

## II. Healthcare Personnel and Resident Safety

### Healthcare Personnel

- A. Work-exclusion policies concerning transmissible conditions
- B. Educates personnel on prompt reporting of transmissible illness to a supervisor
- C. TB screening for all new personnel
- D. Policy to assess healthcare personnel risk for TB
- E. Offers Hepatitis B vaccination to all personnel who may be exposed to blood/body fluids as part of their job duties
- F. Offers influenza vaccination annually
- G. Maintains written records of influenza vaccinations from most recent season
- H. Exposure control plan that addresses potential hazards by specific services
- I. All personnel receive training and competency validation on bloodborne pathogen exposure at time of employment
- J. All personnel receive training and competency validation on bloodborne pathogens within the past 12 months

## II. Healthcare Personnel and Resident Safety

### Resident Safety

- A. Written policy to assess risk for TB and provide screening to residents on admission
- B. Documents resident immunization status for pneumococcal vaccination at the time of admission
- C. Offers annual influenza vaccination to residents

### III. Surveillance and Disease Reporting

#### Surveillance

- A. Written procedures to identify potentially infectious persons at the time of admission, e.g. recent antibiotic use or history of infections or colonization with antibiotic-resistant organisms
- B. System for notification of infection prevention coordinator when antibiotic-resistant organisms or CDI/F are reported by clinical laboratory
- C. System to follow up on clinical information when residents are transferred to acute care hospitals for management of suspected infections, including sepsis

### III. Surveillance and Disease Reporting

#### Disease Reporting

- A. Written plan for outbreak response which includes a definition, procedures or surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed
- B. Facility has a current list of diseases reportable to public health authorities
- C. Facility can provide point(s) of contact at the local or state health department or assistance with outbreak response

### IV. Hand Hygiene

- A. The facility hand hygiene policies promote preferential use of alcohol-based hand rub over soap and water except when hands are visibly soiled or after caring for a resident with known or suspected CDI/F or norovirus
- B. All personnel receive training and competency validation on hand hygiene at the time of employment
- C. All personnel received training and competency validation on hand hygiene within the past 12 months
- D. The facility audits (monitors and documents) adherence to hand hygiene
- E. The facility provides feedback to personnel regarding their hand hygiene performance
- F. Supplies for hand hygiene are readily accessible in resident care areas

### V. Personal Protective Equipment (PPE)

- A. The facility has a policy on Standard Precautions which includes selection and use of PPE
- B. The facility has a policy on Transmission-based Precautions that includes the clinical conditions for which PPE should be used (e.g., CDI/F, influenza)
- C. Appropriate personnel receive job-specific training and competency validation on proper use of PPE at the time of employment
- D. Appropriate personnel received job-training and competency validation on proper use of PPE within the past 12 months
- E. The facility audits adherence to PPE use
- F. The facility provides feedback to personnel regarding their PPE use
- G. Supplies necessary for adherence to proper PPE use are readily accessible in resident care areas

## VI. Respiratory Hygiene/Cough Etiquette

- A. The facility has signs posted at entrances with instructions to individuals with symptoms of respiratory infection to cover their mouth/nose when coughing/sneezing and dispose of tissues and perform hand hygiene after contact with respiratory secretions
- B. Provides resources for performing hand hygiene near the entrance and in common areas
- C. Offers facemasks to coughing residents and other symptomatic persons upon entry to the facility
- D. Educates family and visitors to notify staff and take appropriate precautions when they have respiratory symptoms
- E. All personnel receive education on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens

## VII. Antibiotic Stewardship

- A. Demonstrate leadership support for efforts to improve antibiotic use
- B. Identify individuals accountable for leading antibiotic stewardship activities
- C. Access to individuals with antibiotic prescribing expertise
- D. Written policies on antibiotic prescribing
- E. Implemented practices to improve antibiotic use
- F. Report summarizing antibiotic use from pharmacy data created within the last 6 months
- G. Report summarizing antibiotic resistance from the laboratory created within the last 24 months (i.e., antibiogram)
- H. Gives clinical prescribers feedback about antibiotic prescribing practices
- I. Provided training on antibiotic use/stewardship in the last 12 months to all nursing staff
- J. Provided training on antibiotic use/stewardship to all clinical providers with privileges in the last 12 months

## VIII. Injection Safety and Point of Care Testing

- A. Policy on injection safety which includes protocols for performing finger sticks and point of care testing
- B. Personnel who perform point of care testing and competency validation on injection safety procedures at time of employment
- C. Personnel who perform point of care testing receive training and competency validation on injection safety procedures within the past 12 months
- D. Facility audits adherence to injection safety procedures during point of care testing
- E. Facility provides feedback to personnel regarding their adherence to injection safety procedures during point of care testing
- F. Supplies necessary for adherence to safe injection practices are readily accessible in resident areas
- G. Policies and procedures to track personnel access to controlled substances to prevent narcotics theft/drug diversion

## IX. Environmental Cleaning

- A. Written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of resident rooms
- B. Written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of rooms of residents on contact precautions (e.g., CDIIF)
- C. Written cleaning/disinfection policies which include cleaning and disinfection of high-touch surfaces in common areas
- D. Cleaning/disinfection policies including handling of equipment shared among residents
- E. Policies and procedures to ensure that semi-critical reusable medical devices which may contact non-intact skin, are cleaned and reprocessed appropriately prior to use on another resident

## IX. Environmental Cleaning

- F. Appropriate personnel receive job-specific training and competency validation on cleaning and disinfection procedures at the time of employment
- G. Appropriate personnel received job-specific training and competency validation on cleaning and disinfection procedures within the past 12 months
- H. Facility audits quality of cleaning and disinfection procedures
- I. Provides feedback to personnel regarding the quality of cleaning and disinfection procedures
- J. Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered) are available

## How to participate

- Contact [Erica.Washington@la.gov](mailto:Erica.Washington@la.gov) indicating your willingness to participate in a face-to-face meeting regarding your facility's infection prevention and control activities
- ICAR meetings will take approximately 3 hours and will include a facility walk-through to identify stations for hand hygiene
- Follow up report will be sent to you along with recommendations for closing gaps in infection prevention and control program

## Other activities: Infection Control Breaches

- The Healthcare-Associated Infections Program receives notifications of infection control breaches from Health Standards Section of the Louisiana Department of Health
- Breaches notify of the probability of transmitting bloodborne pathogens
- Follow up assessments include infection control training and review of infection control policies

[http://www.cdc.gov/hai/outbreaks/steps\\_for\\_eval\\_IC\\_breach.htm](http://www.cdc.gov/hai/outbreaks/steps_for_eval_IC_breach.htm)

## Resources

- General Infection Prevention
  - <http://www.cdc.gov/longtermcare>
  - [http://www.cdc.gov/HAI/prevent/prevent\\_pubs.html](http://www.cdc.gov/HAI/prevent/prevent_pubs.html)
- Healthcare Personnel Safety
  - <http://www.cdc.gov/hicpac/pdf/InfectControl98.pdf>
  - <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>
- Hand Hygiene
  - <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>
  - <http://www.cdc.gov/handhygiene>
- Personal Protective Equipment
  - <http://www.cdc.gov/hicpac/pdf/isolation2007.pdf>
  - <http://www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf>
- Respiratory Hygiene/Cough Etiquette
  - <http://www.cdc.gov/hicpac/pdf/isolation2007.pdf>
  - <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

## Resources

- Antimicrobial stewardship
  - <http://www.cdc.gov/getsmart/healthcare/implementation.html>
- Safe Injection and Point of Care Testing Practices
  - <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>
  - <http://www.cdc.gov/injectionsafety>
- Environmental Infection Control
  - [http://www.cdc.gov/hicpac/pdf/guidelines/eic\\_in\\_HCF\\_03.pdf](http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf)
  - [http://www.epa.gov/oppad001/list\\_k\\_clostridium.pdf](http://www.epa.gov/oppad001/list_k_clostridium.pdf)
- Resources to assist with evaluation and response to breaches in infection control
  - [http://www.cdc.gov/hai/outbreaks/steps\\_for\\_eval\\_IC\\_breach.html](http://www.cdc.gov/hai/outbreaks/steps_for_eval_IC_breach.html)
  - <http://www.cdc.gov/injectionsafety/pntoolkit/index.html>

## Contact

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